Children's Mental Health Waiver

Provider Procedure for: Waiver Program Records Management

Implementation Date: 7/1/06

Revision Date: 9/1/07

Overview

Proper documentation and records maintenance is necessary to demonstrate provision of waiver services as outlined in the Individual Service Plan, and accurate billing and payment for the services provided.

Waiver Service Providers are required to maintain individual records for each youth served. These records must include all forms and documentation generated and received by the waiver provider as part of provision of waiver services for the period of time the services are provided.

In addition to the individual youth records, waiver program records including the following should be maintained:

- Provider certification and recertification documentation and information.
- Any/all Quality Management reports generated or received (includes incident reports, complaint reports, and data reports generated by the Quality Management Committee).

Waiver Service Providers are required to maintain and retain waiver program records as outlined by the Waiver Program's record retention schedule requirements.

Waiver Provider Roles and Responsibilities

ALL Waiver Providers will:

- Design and implement a standardized records format for all youth-specific and waiver program records, taking into account all required forms and documentation maintained and retained.
 - The file organization should account for and address all required documents, forms, and documentation dictated by the waiver program and provider-specific service provision.
 - This format must be outlined in writing and made available in the front of each waiver record maintained.
 - Maintain youth-specific and waiver program records according to all Medicaid Provider Agreement and waiver program requirements.
- Retain all youth-specific and waiver program records following established retention time frames and schedule requirements.
 - Follow the program's Record Retention Schedule for all identified records, reports, and documents listed. This schedule takes into account the retention requirements outlined in both the EqualityCare General Provider Manual and Medicaid Rules.
 - The EqualityCare General Provider Manual states that medical and financial records, including information regarding dates of service, diagnoses, services provided, and bills for services, must be retained for at least six years from the end of the Federal fiscal year (October through September) in which the services were rendered. If an audit is in progress, the records must be maintained until the audit is resolved.
 - The Medicaid Rule on Provider Participation has the same information being retained for the same time period of six years, but from the end of the state fiscal year (July through June) in which payment for services were rendered. If any litigation, claim, audit, or other action involving the records is initiated before the expiration of the six years, the records must be maintained until the litigation, claim, audit, or other action and any subsequent administrative or legal proceedings are resolved.
- Provide access to all waiver records maintained as outlined in the Medicaid Provider Agreement and waiver program requirements.
 - o Ensure the confidentiality of all records and information maintained.

- Adhere to the requirements outlined in the Department of Health's Notice of Privacy Practices.
- This also includes the physical security of the records refer to "Confidentiality" information provided in this section.
- Allow access by Waiver Program staff to any/all records and documentation generated and maintained by certified waiver providers.
- Under the Medicaid Provider Agreement, allow access to all records concerning services and payment to authorized personnel of the:
 - State Auditor's office
 - Wyomng Attorney General's office
 - Wyoming Department of Family Services
 - United States Department of Health and Human Services and/or their designee
- Records must be accessible to authorized personnel during normal business hours for the purpose of reviewing, copying, and reproducing documents.
- o In addition, providers are required to furnish copies of claims and any other documentation upon request from EqualityCare.
- o In addition to the authorized personnel from agencies listed above, the Provider Participation Medicaid Rule also includes the Office of Healthcare Financing (Medicaid).
- Adhere to and follow all legal documentation requirements for all waiver records maintained as outlined by the Medicaid Provider Agreement and waiver program requirements.
 - The Waiver Program requires providers to adhere to the information provided in this section:
 - Legal Documentation Standards
 - Legal Documentation Practices
 - Legal Documentation Don'ts
 - Confidentiality
 - The Medicaid Provider Agreement requires that records fully disclose the extent of services provided to EqualityCare clients.
 - Wyoming's Medicaid Rule re: Provider Participation requires that a provider must have completed all required documentation, including required signatures, before or at the time the provider submits a claim for payment.
 - Documentation prepared or completed after the submission of a claim will be deemed to be insufficient to substantiate the claim and Medicaid funds shall be withheld or recovered.
- Adhere to and follow Wyoming Department of Health's Notice of Privacy Practices and waiver program requirements regarding confidentiality and safeguarding of confidential information for the youth served.
 - WDH Notice of Privacy Practices

Instructions to Locate/Access Medicaid Rules and Regulations

Website access: http://soswy.state.wy.us/rule_search_main.asp (NOTE: rule_search_main.asp rather than spaces)

Not all rules will apply – consideration should be given to Chapters 1, 3, and 16.